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ABSTRACT

Medical play can be used as a tool to aid children in coping with stress related to hospitalization, surgery, medical care, and illness. Providing children with adequate guidance and appropriate supplies necessary for medical play, prepares children for medical experiences by enabling them to express their thoughts and feelings. Before attempting to involve a child in medical play the clinician must develop a sensitive, trusting relationship with the child and be aware of the child's individual needs, previous medical experiences, developmental stage, and treatment regime. When planning to use medical play to achieve a desired goal the clinician should choose the miniature hospital furniture, dolls, puppets, and medical supplies that can best facilitate the child's play. Once a child's medical experiences have been adequately worked through, the child will enjoy playing out other life experiences and will learn to adapt to the surrounding adult world. (Author/ME)

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GUIDELINES FOR MEDICAL PLAY

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TABLE OF CONTENTS

1 PREFACE

3 DEFINITION: MEDICAL PLAY

4 RESEARCH: MEDICAL PLAY

5 INTRODUCTION: MEDICAL PLAY

7 CHOOSING THE TOOLS TO FACILITATE MEDICAL PLAY

9 "DOLL PATIENTS"

9 PUPPETS

9 MEDICAL SUPPLIES

10 HOSPITAL PLAY FURNITURE

CASE EXAMPLES

10 MEDICAL PLAY: WORKING THROUGH FEELINGS

13 MEDICAL PLAY: CLEARING UP MISCONCEPTIONS

16 MEDICAL PLAY: AS A TEACHING AID

19 SUMMARY

20 RECOMMENDED READING AND REFERENCES

23 ABOUT THE AUTHOR

This 9 year old boy is preparing to apply a leg cast to his doll patient.

PREFACE

GUIDELINES FOR MEDICAL PLAY focuses on the importance of providing children with the appropriate supplies and guidance needed to optimize the positive results of medical play. The theories of medical play and its application are represented in several case studies which illustrate the child's need to play out his medical experiences. I hope the practical suggestions, and guidelines for medical play will be instructive to parents, teachers, child life specialists, medical staff, and nursing personnel who help children express their thoughts and feelings related to illness, hospitalization, medical treatments, and surgical procedures.

I would like to thank Carol Ceithaml, Ph.D., Dene Klinzing, Ph.D., Dennis Klinzing, Ph.D., and Robert Gluckman, M.D., for their helpful suggestions and guidance during the writing of this book.

Through my experiences as a staff member of the Child Life Department at the Children's Memorial Hospital in Chicago, Illinois, and as the Coordinator of the Child Life Program at the Evanston Hospital in Evanston, Illinois, I have had the opportunity to get to know and love many wonderful children and their families for which I will always be grateful.

MARY ANNE OSTRENGA

This young patient is nuturing her doll patient.

Children are susceptible to stress and anxiety often aroused by a routine visit to the pediatrician, an unexpected trip to the emergency room,and the illness of a friend or relative. Hospitalization of a child or a member of the child's family may stimulate fantasies and fears caused by separation from a familiar environment and people that the child knows and trusts. Parents, teachers, and hospital staff can help to prepare children for these situations through open, honest discussion at the child's level of comprehension and by providing the child with age appropriate play experiences that facilitate expression of thoughts and feelings. This book addresses ways medical play can be used as a tool to help aid children in coping with stresses related to hospitalization, surgery, medical care, and illness.

DEFINITION: MEDICAL PLAY

Medical play is the symbolic reproduction of invasive physical procedures necessary for medical treatment. The use of miniature hospital furniture and medical supplies in play with dolls enables children to act out fears and master their experiences. It helps them adapt to the adult world around them, and to solve future challenges. A child can "treat" a doll patient using a blood pressure cuff, stethoscope, otoscope, syringes, bandages, bandaids, and other medical supplies.

Hospitalized children often assume the role of the doctor or nurse treating the doll patient as they perceive their own medical treatments, or as they anticipate what will be done to them. In a session of medical play, it is usual to see shots given, casts applied, and operations performed. The child assimilates these experiences by playing them out. Painful procedures are not reproduced to preserve the pain, but to make it become bearable.

Through playing the role of the doctor in a miniaturized medical setting, the child becomes master of the environment, which in reality, is not controllable. Children may play out their previous experiences and fantasies, sometimes thinking what they saw on television or overheard in a conversation will happen to them. At other times children may treat the doll patient as they interpret what has happened to another patient. During a medical play session in a hospital playroom a ten year old boy put a cast on a doll patient and strung the leg up in traction; he explained that the "doll patient" had been hit by a car. This, in fact had happened to the two year old girl who was in traction in her bed in the playroom, watching the ten year old boy.

RESEARCH: MEDICAL PLAY

Over thirty years ago the importance of preparing children for anesthesia was documented by Pearson (1941). Subsequent studies by Korsch (1975), and Visintainer and Wolfer (1975) have accentuated the

importance of preparation in minimizing emotional trauma accompanying surgery. More recently the literature has included articles addressing a broad range of hospital experiences with suggestions extended to the preparation of children for less extreme medical procedures such as tests, shots, and routine medical care. Freud and Bergman (1965), Erikson (1940), Plank (1962), and Piaget (1969), have documented the child's need to participate in play experiences that will aid in mastering the new and unfamiliar environment of a hospital or medical treatment center.

Becker (1972) cautions against the routine use of "surgical play", demonstrating the dangers of forcing or coercing a child to participate in multilative "surgical play" through an intricate case study. The importance of establishing a trusting relationship between the child and a skilled clinician is emphasized. The clinician must find out what the child wants to know about his medical care, explaining the treatment to the child in a clear, honest, and simple manner. Becker states that the success of "surgical play" is derived from the therapeutic interchange between the clinician and the child.

INTRODUCTION: MEDICAL PLAY

Throughout the United States, Canada, Australia, England, and some parts of Europe, specialists trained in Child Growth and Development are using medical play with children in hospitals and medical settings to minimize the potential trauma of their medical experiences and to insure healthy

emotional stability. Parents wishing to participate with their children in medical play should consult with a Child Life Specialist, Psychologist, Registered Nurse, or Pediatrician, who understands the child's need to play out experiences and who has used medical play to help children cope with hospitalization, medical treatments, and surgical procedures.

A clinician eager to involve a child in medical play must first be aware of the child's individual needs, understand his developmental stage, and be familiar with his background experiences and medical treatments. A developmental history of the child's former reactions to hospitalization and medical care can be attained through an interview with the child's parents.

Children in a hospital or medical care setting are often suspicious of the personnel, so, developing a trusting relationship with the child may take time, support, and the encouragement of an understanding clinician. While developing a relationship with the child and his family, the clinician may wish to introduce the child and his parents to the playroom. It is through play that the child can best communicate thoughts and feelings that are difficult to express.

The playroom in a medical care facility should contain a variety of toys, games, books and art materials that help to facilitate the expression of a child's thoughts and feelings. One section of the room should include a medical play center, with puppets, dolls, medical supplies, and miniture hospital furniture, where child-

ren can learn to cope with medical care and illness through play. The child should be allowed to freely investigate the toys and supplies in the playroom. Some children will readily discover the medical play center, while others may choose to play out their experiences using different media, such as artwork, clay, music, or writing for expression of their feelings.

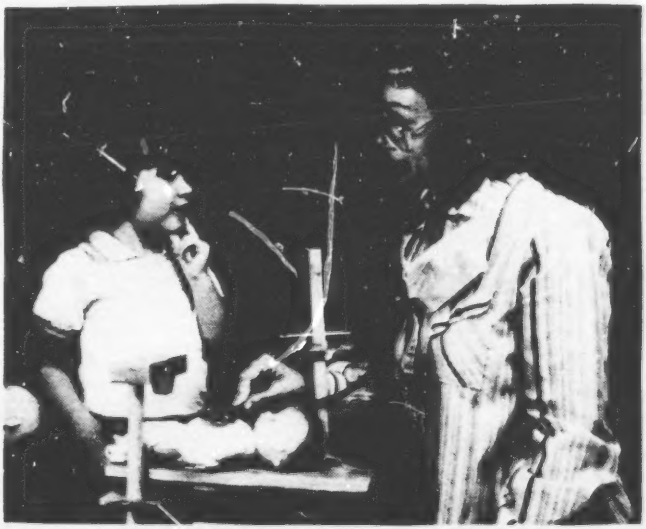
It is important never to force a child's participation in medical play. Some children are so frightened of their medical experiences that they need time to feel secure in the new environment before curiousity and exploration take charge. The child's parents and the clinician must feel comfortable in allowing the child to reproduce experiences, thoughts, and feelings related to medicine. If the child fears or senses that adults disapprove, participation will be limited and the full benefits of medical play will be difficult to attain.

Medical play can be an effective media for expression of feelings for many children, especially when their medical care and treatment requires long term or frequent hospitalizations and multiple invasive procedures.

CHOOSING THE TOOLS TO FACILITATE MEDICAL PLAY

A multi-purpose medical play center should include: doll patients, puppets, medical supplies, and miniature hospital furniture. A well defined area of the hospital playroom, outpatient waiting room, pediatrician's office, or nursery school should be set aside to display the equipment needed for medical play: it should be

well organized and easily accessible to children of all ages.



The clinician demonstrates the use of a stethoscope to a four year old.

When planning to involve a child in medical play for a specific purpose, select the furniture, dolls, puppets and medical equipment that can best help to achieve the desired goal. The supplies can be moved from the medical play center to an activity table in the playroom, or brought to the child confined to bed. Simply drawing the child's attention to the equipment may facilitate active participation.

DOLL PATIENTS should be soft, flexible and able to withstand numerous medical procedures. The skin should be a soft plastic pliable enough to administer shots to and strong enough to endure many casts. Dolls of varied racial and ethnic origins, both male and female, with appropriate anatomy are desirable. Dolls with removable body parts should be used only after a careful assessment of the child's developmental level.

PUPPETS of varied racial and ethnic origins representing family members and community workers should be sturdy enough to withstand aggressive play and flexible enough to be manipulated by small children

MEDICAL SUPPLIES should include a stethoscope, blood pressure cuff, reflex hammer, syringes without needles, x-rays, bandages, alcohol pads, bandaids, intravenous tubing, cast material, hospital gowns, surgical hats, boots, masks,and tape. An otoscope, microscope, scissors, syringes with needles, and an anesthesia mask should also be provided for some childrens use. Because these supplies are expensive and delicate, they should be kept separate from the medical play center, accessible for supervised play. Although real medical equipment is preferred, toy otoscopes, microscopes, and other medical supplies can be purchased from most major toy companies.

HOSPITAL PLAY FURNITURE should include a miniature wooden hospital bed, crib, banana cart, wheelchair, x-ray machine, a rolling cart which can double as a treatment table, an operating table,

cardiac catherization table, I.V. pole, cardiac monitor, and a C.A.T. scan machine. The furniture should be small enough to be manipulated by a young child, safe, sturdy and easily identified. A medium sized doll should fit into or on the furniture.

CASE EXAMPLES

In order to effectively use medical play to help children work through feelings, clear up misconceptions, or as a teaching aid, the clinician must first assess the child's needs. The following case examples show how several children master their medical experiences through play.

MEDICAL PLAY: WORKING THROUGH FEELINGS

Two brothers, Ronnie, age 3, and Sam, age 5, were admitted to the pediatric unit for extensive burn care. Both children required long term hospitalization and treatment.

The boys and their parents were injured when their apartment building was set on fire sometime during the night. Their father carried a boy under each arm out of the burning building. Both parents were admitted to a burn center at another hospital and were reported to be in critical condition. Upon admission both Ronnie and Sam had full thickness burns on the top of their heads, producing edema which caused their eyes to swell shut for the first five days of hospitalization.

The family had just moved into the area; consequently no relatives or friends came to visit or provide the boys with emotional support. Medical treatment included debridement of the wounds on the boys' heads twice every day until their scalps were ready for skin grafting. Each child needed two operations to complete the neces-

sary grafting. After carefully assessing the boys needs, the child life specialist, and two volunteers, acting as foster parents, spent a great deal of time developing a trusting relationship with the boys. Their role in the boys care was to help provide emotional support through companionship and play.

During the second week of hospitalization Sam became interested in the medical play center located in the pediatric playroom. He began to explore and test out the stethoscope, blood pressure cuff, syringe and bandages. A small doll became his patient to which he administered many shots and proceeded to bandage the doll patient's head just as his own head had been wrapped and bandaged. Ronnie sat quietly observing, but would not handle any of the dolls, toys, furniture or medical supplies Any attempts to encourage Ronnie's participation in medical play at that time resulted in increasing his frustration level.

When time for tubbing and debridement grew close, both Sam and Ronnie showed signs of extreme stress. Sam began to adopt a semi-fetal position and shut out any attempts to offer him affection or attention. It became apparent that both boys needed to participate in play activities that would enable them to release some of their mounting tensions and fears. The activity that proved most successful was a combination of water play and medical play.

The doll patients, toy hospital bed, treatment table, operating table and medical supplies were moved from the medical play center to the activity table in the middle of the playroom. The water table was set up while two other patients participated in caring for their doll patients which included administering shots, performing operations, using the toy operating table, and bathing their doll patients in the large water table. Sam and Ronnie were invited into the playroom.

On two successive days Ronnie and Sam observed the other children using medical play but did not wish to actively participate. On the third day, Sam's interest was aroused when he found the firehats, and began to play the role of fireman. He used the play vacuum cleaner as his hose and began to squirt out the pretend fire saving all the doll patients in the medical play center, carrying them to his brother for treatment. Again, the toy hospital bed and the treatment table were placed on the main activity table to facilitate the boys' participation in medical play. Ronnie took the role of the emergency room doctor. Sam would spray out the pretend fire and then carry his doll patients on the toy wooden stretcher to his brother "Dr. Ronald" who carefully washed each doll's head and bandaged them over and over again.

Until painful or difficult real life experiences are worked through, they reappear in children's play. Once the feelings have been "played out" or mastered, the child is free to move to other themes. Ronnie and Sam repeated the fire and hospitalization scenario for the duration of their hospital stay. When the boys came to visit the pediatric staff three months after hospitalization Ronald would not answer to his own name, but asked to be called "Roy DeSoto", who is a paramedic on a popular television show. With each successive visit to the hospital playroom the boys spent less time at the medical play center, indicating that they were mastering their experiences. Ronnie and Sam's parents recovered from their burns after extensive treatments and long term hospitalization.

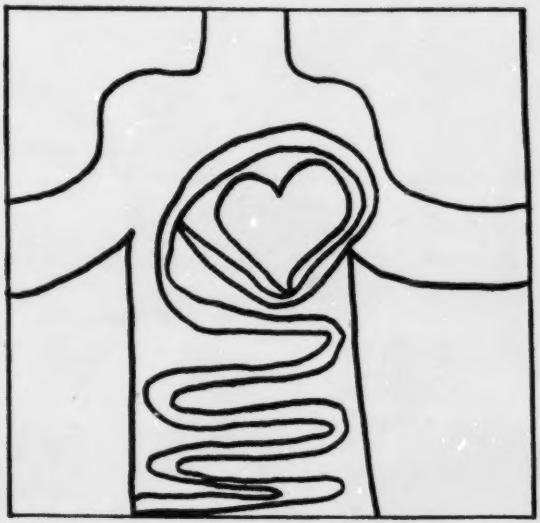
Young doctors consulting one another about their patient's chest x-rays.

MEDICAL PLAY: CLEARING UP MISCONCEPTIONS

Andrew, a seven year old patient, was admitted to the hospital for the second time in two weeks complaining of severe abdominal cramping and pain. The plan on admission was to rule out an intestinal blockage. An exploratory laporotomy was scheduled for the next day. In order to find out how Andrew perceived his illness, he was

asked if he would like to join several other children in medical play.

To facilitate Andrew's participation the toy hospital bed, X-ray machine, doll, doctor, nurse and family puppets, medical supplies, including a surgical gown, gloves, hat, and mask were moved to the center activity table. Andrew began to put on the surgical gown, gloves, hat and mask, he identified himself as "Dr. Andrew" and proceded to examine his doll patient. He laid the doll patient on the toy rolling cart and placed him under the miniature X-ray machine. Taking a pencil and paper Andrew then began to draw an X-ray of his patient.



This diagram is a reproduction of Andrew's drawing.

When asked to explain the "X-ray", "Dr. Andrew" stated, "This patient's intestine is winding around his heart, soon he will stop breathing."

Andrew's perception of his anatomy was incorrect, but his feeling was apparent. The child life specialist talked with Andrew's primary nurse and physician about his misconceptions and concerns. He and his mother were given further instructions by the primary nurse that evening. Using a drawing of the anatomy the nurse was able to help Andrew understand that his operation would not involve his heart. When describing the medical play experience to Andrew's mother it was learned that his grandfather had recently suffered a heart attack, which might have accounted for Andrew's fear of his intestine winding around his heart. Sometimes, even with a careful history about the child's prior medical experiences, information about family members or friends may be difficult to ascertain prior to medical play.

Misconceptions about medical care and illness can be corrected through medical play. A skilled clinician can take care of the doll patient explaining the treatment in language that the child can understand. Listening to the child and finding out how much he wants to know is crucial. Details about the operation that the child may not wish to know should not be demonstrated.A clear simple explanation of the procedure including pre-operative and post-operative conditions that the child will remember should be given.

The child's questions should always be answered honestly. During the treatment of a "doll patient" the clinician can help the child understand that hospitalization, medical treatments, and surgical procedures are not punishment for anything that the child may have said or done. The child's parents also will benefit from the demonstration, which often answers some of their questions, and helps to relieve their fears and anxieties.

MEDICAL PLAY: AS A TEACHING AID

Susie, a three year old newly diagnosed diabetic patient, became involved in medical play after briefly observing two other children. After investigating the medical play center Susie chose to play with a doll patient, toy bed, syringe, bandaids and alcohol swabs, she began to administer numerous shots to her doll patient, when asked by the child life specialist (CLS):

CLS: "How does the shot feel, doctor?"

Susie: "It hurts a little."

CLS: "How long will the hurt last?"

Susie: "Not too long."

CLS: "Did you know this baby can't eat candy or popsicles?"

Susie: "I don't like candy."

Susie invited her mother to join her in taking care of the doll patient. Afterwards, Susie's mother said she felt relieved that Susie was able to comfortably play out her own situation. On the following day the primary nurse met with Susie's family. Her mother, father, and sister, Amy, age 11, participated in diabetic instructions using medical supplies and a doll patient. Susie appeared very anxious at the beginning of the teaching session and asked to leave the room, but she became interested in the demonstration of an injection and began to relax after her sister administered a shot to the doll patient.

The nurse demonstrated an injection to Susie and her family using the following technique. She began by showing the child a syringe with a needle attached, pointing out the tiny opening in the needle which releases the fluid. The nurse carefully drew water into the syringe, mea-

sured it, and then released a small amount of fluid into the air. This demonstration helped Susie become interested in the actual technique and lessened concentration on the fear of pain caused by an injection.

A ten year old boy preparing to administer an injection to his doll patient.

When administering a shot to the doll patient, the clinician should verbalize for the doll. Crying, saying "ouch", or screaming is O.K., but the doll must lie still, setting an example for the patient. The child should be told that the doll should not wiggle or do anything that might interfere during an actual injection.

Some children anxiously await their turn to administer an injection, while others may be too fearful. Remember never to force or coerce the child into medical play. The child will usually assume the role of doctor or nurse when administering an injection to a doll patient or favorite stuffed animal. During role reversal, the child's aggression in play may go too far. The clinician must intervene if the child begins to injure a favorite doll or stuffed animal.

Medical play helped to teach Susie and her family about diabetes, using the doll patient to explain medical treatments necessary for diabetic patients. Through demonstration and participation in medical events during play, the child can begin to master life experiences in doses that he or she can understand and cope with.

SUMMARY

The importance of children's use of medical play in neutralizing the negative emotional impact of invasive medical and surgical procedures cannot be over emphasized. Through the symbolic reproduction of experiences related to medical care and illness, children can play out fears and fantasies, gaining mastery over their experiences. Providing children with adequate guidance and appropriate supplies necessary for medical play will help children be prepared for their medical experiences, and enable them to express their thoughts and feelings related to medical care and illness.

Before attempting to involve a child in medical play the clinician must develop a sensitive, trusting relationship with the child, be aware of the child's individual needs, previous medical experiences, developmental stage, and treatment regime. When planning to use medical play to achieve a desired goal the clinician should choose the miniature hospital furniture, dolls, puppets, and medical supplies that can best facilitate the child's play. Once a child's medical experiences have been adequately worked through, the child will enjoy playing out other life experiences, learning to adapt to the adult world around him.

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* References are preceded by an * (asterisk).

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MARY ANNE OSTRENGA received a Bachelor of Science degree in Child Development and Family Life from Western Illinois University in 1974. From 1974-1977 Ms. Ostrenga, a Child Life Specialist worked with chronically and terminally ill children on the surgical and intensive care units at The Children's Memorial Hospital in Chicago, Illinois. In 1977, Ms. Ostrenga planned and implemented a Child Life Program for the pediatric patients at The Evanston Hospital, Evanston, Illinois.

Ms. Ostrenga has been active in the Association for the Care of Children in Hospitals as the Book Review Editor of the Journal of the Association for the Care of Children in Hospitals, and as the Vice President of the Greater Chicagoland Affiliate of A.C.C.H.